V.S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8123
1. PLACE OF DEATH	46-18
County Callett.	Registration Dist. No.
Village or City Calment Co	death focurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	
2. FULL NAME AM Jako	hum If U. S. Veterap, specify WAR 2 1992
(a) Residence: No. 324 Ka Mont (Usual place of abode)	Vot., M. Ward Mass Assistance of the state o
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3SEX 4. COLOR OR RACE OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
ia. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Clara Clark	22. TEREBY CERTIFY That I attended deceased fro
DATE OF BIRTH (month, dey, end year)	I last saw keeps alive on 8 19 16; deeth is sa
. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
6 3 / 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	Date of one
kind of work done, as SPINNER, A SAWYER, BOOKKEEPER, etc.	CATABLE & Of 6 M
9 Industry or business in which work was done, as SILK MILL, N S Navy Yang SAW MILL, BANK, etc.	1 King.
ind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (month and 1 47 11. Total time (yeers) spent in this spent in this	Carcinoma of Somal &
year)occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME the toakshow	
	Name of anaration
14. BIRTHPLACE (city or town)	Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Tan Less dura:	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town)	Where did injury occur?
1 Crew W. 1 Odo dahu	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7. INFORMANT 3286 Tu ander ATM	///
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place (Ou grunner of lens dug & 2 ,1936	Neture of injury
To the soid fam.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
8/20 01 11. T. V.	(Signed) O / March 1
20. FILED 120 , 1936 M	(Address) / mue frelly el
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage SFP	July 5,1927	Peritonitis	3 days ago		
Other centributers and a					
Other contributory causes of importance:		Other contributory causes of importance:	1 - 7 - 7		
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 8124
County Califell	Registration Dist. No. 51
Village or City June Milleuch	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmosds,
2. FULL NAME Mystie Buckler	If U.S. Veteran specify WAR.
(a) Residence: No. Austle Kelleuch (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Outline Buckler	1 HEREBY CERTIFY. That I ettended deceased from 19 37 to all 28 19 3
6. DATE OF BIRTH (month, day, and year) September 14/890	I last saw h. L. elive on All T. L. 1936; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
45 11 13 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Juliusury Interculoses 1934.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Called 6	Other Centributery Canses of importance:
(State or country)	
13. NAME William Howard	
13. NAME VILLAM SOLVAND 14. BIRTHPLACE (city or town) Allest glass (State or country)	Neme of operation
(State of country)	What test confirmed diegnosis? Westhere an aulopsy?
15. MAIDEN NAME Catherine Rawlings 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Cattlesing Museuper ,	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wesley Church Date Aug. 3019.35	Manner of injury
19 UNDERTAKER Nayra Hutchins -8 Son	24. Was disease or injury in eny wey related to occupation of deceased?
(Addiess) Okuings-ind.	If so, specify 3
20. FILED 8/2F/, 1936 L. N. Keing Registrar	(Signed) M. D. (Address) M. D. (Address) M. D.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis EGE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8125
1. PLACE OF DEATH	
County Colaer	Registration Dist. No. 52
Village or City North Meach.	No
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	sds. How long in U.S. if of foreign birtb?yrsmosds.
2. FULL NAME Lever / Lever	
(a) Residence: No. 6- No of Us. Sp. White	Desegration New York
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH
Kulle while sungle	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIEV That I attended descend from
(or) WIFE of	The contract of the contract o
6. DATE OF BIRTH (month, day, and year 2017 - 1900	I last saw h alive on 19 death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at _/D/J _m. ; deeth is said
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wero as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
No. Trace, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (months and this prographic pand)	
SAW MILL, BANK, atc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	0.0
(State or country)	elle ral News thouse
13. NAME 2 Scent 14. BIRTHPLACE (city or town) unknown	Rulland
14. BIRTHPLACE (city or town) unknown	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME unknown	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury
(State P)country)	Where did injury occur?
17. INFORMANT MED Mund Samon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addess 9 anderdonk are Ridge Um	od Ld
10. BORIAL, CREMATION, DE REMOVAL	Manner of injury
Place Machington DC 17, 136	Nature of injury
19. UNDERTAKER MAD. OF Surprist CO	24. Wes disease of injury in any wey related to occupation of deceased?
(Address) 301 East Calt St.	If so, specify
20, FILED Augst 3, 1996 W2+ Harlist	(Signed) traffor 10101 Jacles M.D.
Clarengs & Registrar.	(Address) North Beach Wed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3,1927	Peritonitis	3 days ago
90 ft 12 5 m			
Other contributory causes of importance:	T I	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8126
1. PLACE OF PEATH	613-d) . U) 5 (
County County	Registration Dist. No.
Village or City Drawns Sal	ANO. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME / dry Avul anery	Callet U. S. Veteran, specify WAR MMC
(a) Residence: No. Afroy Was Co (Usgal place of abode)	A St. 196, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, pr divorced HUSBAND of	V V V
(or) WIFE of day se Vournam	22. HEREBY CERTIFY, That attended deceased from
N1 (13 1911	I last saw h elive on a Clurk of 19 death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 8 / 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8 Trade profession or perticular	were as follows: Or boat was invalued the half over
8 Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	stoord, Ruf R.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	accifulal.
	Manney
O Date deceased last worked at this occupation (month and year) occupation occupation	J
12. BIRTHPLACE (city or town) My, Ua,	Other Coutributory Causes of importance:
(State or country)	
13. NAME / Mymous N Latts	
13. NAME Agency Calls 14. BIRTHPLACE (city or town) Glave (Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME My Amriana 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) army Way Cally &	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Washington De Dete and 10, 1936	Manner of injury August August ,
19. UNDERTAKER MA Chamber Co fort, O	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Any 10, 19 3le Affing Registrar.	(Signed) 6 th mark fredrick M. D. (Address) mich fredrick M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

item of infor-

STATE (OF M	MARYL	AND-	CERTIF	ICAT	E OF	DE	ATH
---------	------	-------	------	--------	------	------	----	-----

	(i) w	23 m
STATE OF MARYLAND—	CERTIFICATE OF DEATH	46
1. PLACE OF DEATH		
County Selver	Registration Dist. No. 3 /	
Will and Darles	No.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number	1)
Length of residence in city or town where death occurredwrsmos	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Stell Form Chens	If U. S. Veteran, specify WAR	
(a) Residence: No. Dares	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 29, 1936, 193 (Month) (Day)	Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decease	sed from
(or) WIFE of Steel Lory		
6. DATE OF BIRTH (month, day, and year) 8/29/36	I last saw h alive on; deat	th Is said
7. AGE Yeers Months Days 11 LES\$ than	to have occurred on the data stated ebove, atm.	
l 1 day,hrs.	THE FRINCIPAL CAUSE OF DEATH and leaded causes of importance	
9 Trade profession or portionles	Date	e of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	La' D	
SAWYER, BOOKKEPPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spent in this securation (month and spent in this spent in t	Sleet from	
SAW MILL, BANK, etc.	- /	
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME multon Coats 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Neme of operation	
(State of Country)	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME & Jossie Chew 16. BIRTHPLACE (city or town) Daves,	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury,	19
(Stata or country) ned.	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Willie Chert (Address) Dones Ned	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL Place Jackers Creek Date 8/29, 1936	Manner of Injury	
19. UNDERTAKER Perry Wachens (Address) Dales Jud.	24. Was disease or injury In any way related to occupation of decaased?	
132 21 D1 1	(Signed) , Cana	M. D.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Ng. 1.

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Example I	=1	Example II	
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Chronic interstitial nephralis SEP 7 190	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RURLA			,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			/

for authorization frad & fattur name see &	CIAN 1.000 O.
ting" 10/16/36	entry water

1. PLACE OF DEATH plnods County PHYSICIANS statement If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED 21. DATE OF DEATH IVORCED (write the work 5a. If merried, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) certificate. 7. AGE Months Days If LESS than to heve occurred on the date steted above, at 1 dayhrs. or____min. were as follows 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. back pluods may 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at on 11. Total time (yeers) this occupation (month end spent in this that yeer) _____ occupation _ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied FATHER I3. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully MOTHER important. 15. MAIDEN NAME DEATH 16. BIRTHPLACE (city or town)_____ (State or country Where did injury occur?___ pe 17. INFORMANT plnous OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation _Date NOIL Nature of injury 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?______yrs._____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Yeer) ERJIFY, That I ettended deceased from The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence Date of onset Neme of operation_____ 23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______19_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of

MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
WEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	+		Registration Dist. No.	52)
Village or City Cha	ere death occurred		No	
2. FULL NAME Boly	By (4	aven	Contell U. S. Veteran, specify WAR	
(a) Residence: Np.	(Usual place	of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND STATIS	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I a	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importan were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total t	time (years) nt in this upation	Other Contributory Causes of importance:	
13. NAME (City or town) (State or country)	teg	<i>></i>	Name of operation D What test confirmed diagnosis? Was ti	
15. MAIDEN NAME Wave of 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	Me Many	a.	23. If death was due to external causas (VIOLENCE) fill in also the Accident, suicide, or homicide?	/, 19 , and State)
18. BURIAL, CREMATION, DR REMOVAL Place Coupers	Date to	gral \$, 1936.	Manner of injury	
19. UNDERTAKER Hank (Address) Chan	Harre	<i>y</i>	24. Was disease or injury in any way related to occupation of deceing the state of	ased?
20. FILED Augst 3, 1936 W	H Harde	Registrar	(Signad) (Address)	M.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	No. of the second second	0 7
7	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
and the same of th	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

of OCCUPA-

item of infor-

1. PLACE OF DEATH	186-00
County Callet	Registration Dist. No. 52
Village or City Occurry	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TUSINAS A CULL	If U.S. Veteran specify WAR.
(a) Residence: No. Haus	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Auth Jones Curles	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end year)	I last saw half alive on June 30, 19 36; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at //m.
29 - I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 8 Trade profession or particular	were es follows: Osella O Semanhane Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	acuto alcalation
9: Industry or business in which	Paralelain- Aug 14
work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation.	,
12. BIRTHPLACE (city or town) Quelle of Co	Other Contributory Causes of Importance:
(State or country)	
13. NAME GERLEY CULLY	
13. NAME (Les Cutto) 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy? A
15. MAIDEN NAME CLUBE Sodely 16. BIRTHPLACE (city or town) CASULUT CONTROL CO	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?_,
(State or country)	Where did injury occur? West beach
17. INFORMANT Haggier Bookly (Address) During Mill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Allon Mand
Place Mt House Date on 95/15/1936	Nature of injury fell evilile drewbe
402626 TOL.	1/4
19. UNDERTAKER WATTANCE (Address) Quings	24. Was disease or injury in any way related to occupation of deceased?
1 200011 1 15	(Signed) A A A A A A A
20. FILED Args 15, 1934 W 14 Hardesh	(Address) A const realize

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			F 1000

V. S. No. 1

County Village or City Village or City Length of residence in city or town where death occurred (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. (If U. S. Veteran, specify WAR (I) (Usual place of abode) Ward. II nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
Village or City Clf deaty occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. Cl The st., Ward. (Usual place of abode) Ward. Il nonresident give city or town and State
(If deatly occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred
(If deatly occurred in a hospital) or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred
2. FULL NAME Stank If U. S. Veteran, specify WAR NO (a) Residence: No. 414 - 10 State (Usual place of abode) Ward. Il nonresident give city or town and State
(a) Residence: No. 4/4 - 10 State (Usual place of abode) Ward. Il nonresident give city or town and State
(Usual place of abode) Il nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH
male White OR DIVORCED (write the word) (Month) (Day) (Year)
5a. ff married, widowed, or divorced
(or) WIFE of
13 14 14 14 15 15 15 16 17 219 19 19 19 19 19 19 19 19 19 19 19 19 1
6. DATE OF BIRTH (month, day, and year) / / / / last saw h alive on / / / / / / / / / / / / / / / / / /
2 G X 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin. were as follows:
SAWYER, BOOKKEEPER, etc. / he have frame
9. Industry or business in which work was done, as SILK MILL,
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this
this occupation (month and spent in this occupation occupation occupation
Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)
13. NAME POLLER OLD MILL - de mandre de
13. NAME (US of town) Name of operation Date of Date
(State or country) What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or hopercide? (State or country) (State or country)
where ald injury occur?
(Specify city or town, county and State) 17. INFORMANT Specify, whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) In ted, Med. Way sour, Md.
18. BURIAL, CREMATION, OR REMOVAL Place Use Date 2 36 19
Place Date Date Nature of injury Nature of injury
19. UNDERTAKER Q. Q. Has been Y So 24. Was disease or injury in any way related to occupation of deceased?
(Address) officeal, Med, If so, specify Manuel,
20. FILED /2 4/3 6, 19 2. M. Tury (Signed)
Registrar. (Address)

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Example I Example II The principal cause of death and related causes Bate of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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Officiating un		changed to TIMOTHY	HANLON in accordance w	ith letter
from Mr. Hanlo	on filed 11/20/	36Bureau V.SL.		

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1. PLACE OF DEAT	H of	0.	1200	10 127		= 1	
County Mus	coll	ederu	P. sel	wert G	Registration	Dist. No.	
Village or City				ND. Calvell death occurred in a hospital or instit		England of street and	Ward Ward
Length of residence in city	or/town where dea	ath occurred		ds. How long In U.S. if			
2. FULL NAME	Lucia	u. Sa	lina	recelle U.S. Veteran	specify WAR		
(a) Residence: No.	Then	dahi (Usual place	of abode)	St., Ward.	a.	t give city or town and	d State
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR	OR RACE		(write the word)	21. DATE OF DEATH	(Month)	29 (Day)	., 193_6 (Year)
5a. If merried, widowed, or divorce HUSBAND of (or) WIFE of	ed C	61 15	1889	Engly Ly	Y CERTIF	Y. That I attended	, 19
6. DATE OF BIRTH (month, day, 7. AGE Years	end year) Months	Days 17	If LESS then 1 day,hrs. ormin,	to have occurred on the date ste The PRINCIPAL CAUSE OF DE, were as follows:		5. A.m.	Date of onset
8. Trade, profession, or par kind of work done, e SAWYER, BDOKKEEP	s SPINNER, ER, etc	nor	w	Coronay	tulo	in	8/11/2
9. Industry or business in work was done, as SI SAW MILL, BANK, et	which LK MILL, c					***	
Citto cooppation (mont	ed at	sper	me (years) nt in this pation				
year) 12. BIRTHPLACE (city or town)	This	Idsl	ub. 1	Other Contributory Cause of in	portante:	injustin	9/4/20
(State or country)	a.	Gin de	Jud	O note due to go	ll-stones a C	wie R	
13. NAME 14. BIRTHPLACE (city or town	William.	golia	with		constact	Maria	9/24/12
14. BIRTHPLACE (city or tow (State or country)	(n) Cago	et Go	RATE	Name of operation What test confirmed diagnosis?		Was there an	auloney?
	1880a	e velyn	inahor	23. If death wes due to externel o			- Control of the Cont
15. MAIDEN NAME 16. BIRTHPLACE (city or tow (Stete or country)	in) Fuce	ud &	eif.	Accident, suicide, or homicide?_ Where did injury occur?		. Date of Injury	, 19
17. INFORMANT CALL	2. W	god	2220	Specify whether injury occurred	(Specify city of	or town, county and St IOME, or In PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR RE	MOVAL . delief.	Date	9 ,1936	Manner of injury			
19. UNDERTAKER (Address)	bert (ict W	rul	24. Was diseese or injury in any	way related to occu	petion of deceased?	0
20. FILED. 729 , 1	,36	I.M.	Registrar.	(Signed) (Address)	why .	und	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V, S.			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

N

	County C	alver	/ -	-		
Vil	lage or City					
	2FUI	LL NAME!	Vecat	w (Kol	mson
	PERSON	NAL AND	STATISTI	CAL PAR	RTICUL	ARS
3 5	nale	4 COLOR Blace	1	5 SINGLE, MARRIE WIDOWI OR DIVO (Write th	D, OL	nsie
6 1	DATE OF BIR					/
			(Month)	9	 ay)	1896 (Year)
7 /	NGE		(222242)	(2		LESS than
	4	40 yrs.	, 2	7	1	day hrs.
200	b) General na ousiness, or es which employed BIRTHPLACE (State or cou	ed or (emplo	in Koyer) K	at The	ight	mei,
-	10 NAME O	F	-0			
	FATHER	Robers	r (E	obrn	son)
ARENTS	OF FATH (State or		birg	ini	0	
PARE	12 MAIDEN OF MOTH	- /	dney	Dig	gers	ow
	13 BIRTHPL OF MOTH (State or		virg	inio		
14	(Informant)	Caps.	R.O.	Smit	k	**** **********************************
	(Addr	ess) Wrl	anna	22	sgi	nia
15	Filed 8	127 19	236	Dr	Esi	oster

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 50

-	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and of s		
MEDICAL CERTIFICATE OF DEATH			
	16 DATE OF DEATH		
	August - 27 , 1926		
	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from		
	192 to		
	that I last saw halive on, 192,		
	and that death occurred on the date stated above, at 730A. m,		
	The CAUSE OF DEATH * was as follows:		
	Idead ouddenly on whearf)		
	(magistrate iluvestigating -)		
	(Duration) yrs. mos. de.		
	Contributory		
	Secondary		
	(Duretion) yrs mos, ds.		
	(Signed) M. D. M. D. S/2 /7 1936 (Address) Solomons Med		
	*State the Disease Causing Death, or, in deaths from		
-	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
	At place of deathyrsmosds. In the Stateyrsmosds.		
	Where was disease contracted, if not at place of death?		
	Former or Joshheng - Virginia		
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
	Homliville - Va. 8/30, 1936		
	20 UNDERTAKER ADDRESS Telleral		
	W. R. Mason Priva redench		
_	16 W Sanatora St. Rulto Populating V S. No. 1		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, er," etc., state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Service, Cook, Housemaid, etc. If the occupation has been charged ployed, as At school, or At home. Care should be taken (a) Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, veer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the Dis. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosping et et et et en only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Whooping cough; Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Committee on Nomenclature Chronic valvular heart Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
	Registration Dist. No. 5-0
Village or City Druells (No.	St.: Ward) (If death occurred in a hospital or Institu-
2FULL NAME Bolette Tall	tion, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Hock Single, MARRIED, GROUNDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 18, 1930	192 . to , 192 ,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS than I day	
Byrs. 1 mos. 14 ds. or min.?	Convilsions -? Primary Causes Gastro
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	Lastro-enterities from Duration you mos do. Contributory Physician did not attend this cases.
(State or country) Boltomool, Md 10 NAME OF FATHER John Faller (1) 11 BIRTHPLACE	(Signed) E S. Coster M. D. 8// 1926 (Address) Storrero. M. D.
Z (State or country) Mary	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
of MOTHER Thelmer Cook	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) MOTYLOW	ients or Recent Residents) At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?
(Informant) helma look Talbert	usual residence
(Address) Baltimas Imd.	Dovella Md 8/2, 1936
Filed 8/1 19236 AV. E. S. Coster Registrar	20 UNDERTAKER BORSTOW, MA
If more blanks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

8133

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons evagged in domestic service for wages, as Servant, Cod., Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: er," etc., work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The queswhatever, write None. laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Foreman, or At Home, and children, For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occuration e None. (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

acar "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless importan+ Exampl or a grobably such, if impossible to determine definitely and qualify as, accidental, suicidal, or homicidal, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases can be ascertained as the cause. causing death), 29 ds.; L. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menecommendations on statement of cause of erican Medical Association.) racture of skull, and consequences (e.g., sepsis, oved by s) may be stated under the head of "contributory." Never report mere symptoms or terminal condiacid—probably suicide. The nature of the injury, FOR VIOLENT DEATHS state MEANS OF INJURY Revolver wound of head-homicide; Poisoned by s: Accidental drowning; Struck by railway traininterstitial nephritis, resulting from childbirth or miscarriage as Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), affection need not be etc. The contributory valvular heart Always qualify all disease; Measles;

I this certificate is looked over thoroughly and a'l questions an wered in detail, it will prevent further correspondence. All the cata is essential and must be obtained before the certificate is permanently filed.